

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH	
1. County	<u>Graham</u>		State Index - No.	<u>129</u>
District	<u>Bafford</u>		County Registrar's - No.	
Town or city	<u>Safford</u>		Local Registrar's - No.	<u>70</u>
2. FULL NAME <u>David Vance Sanders</u>			No. <u>7th Ave</u> <u>Layton</u> Ward	
(a) Residence. No. <u>7th Ave</u> (Usual place of abode)			(If death occurred in a hospital or institution, give its NAME instead of street number)	
Length of residence in city or town where death occurred			yrs. mos. 26 ds. How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED		
<u>male</u>	<u>white</u>	<u>single</u>		
6. DATE OF BIRTH (month, day and year) <u>May - 28 - 28</u>				
7. AGE Years Months Days IF LESS than 1 day hrs. or min. <u>26</u>				
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>none</u>				
(b) General nature of industry, business or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (city or town) <u>Safford</u> (State or Country) <u>Arizona</u>				
10. NAME OF FATHER <u>Karl Vance Sanders</u>				
11. BIRTHPLACE OF FATHER <u>Concho</u> (city or town) <u>Arizona</u> (State or country)				
12. MAIDEN NAME OF MOTHER <u>Mabel Talley</u>				
13. BIRTHPLACE OF MOTHER <u>Safford</u> (city or town) <u>Arizona</u> (State or country)				
14. Informant <u>Mabel Talley Sanders</u> (Address) <u>Safford Arizona</u>				
15. Filed <u>July 8 1928</u> <u>J. H. Staller</u> Local Registrar.				
V. S. No. 1 Filed <u>19</u> <u>H. B. G.</u> County Registrar.				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH (month, day, and year) <u>6/18 - 1928</u>				
17. I HEREBY CERTIFY, That I attended deceased from <u>June 17 1928</u> to <u>June 16 1928</u> , that I last saw him alive on <u>June 17 1928</u> , and that death occurred, on the date stated above, at <u>10:55 P. M.</u> The CAUSE OF DEATH* was as follows: <u>congenital intestinal constriction</u>				
18. Where was disease contracted if not at place of death? <u>159/c</u> (duration) yrs. mos. 25 ds.				
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Graham</u> DATE OF BURIAL <u>6/18 1928</u>				
20. UNDERTAKER <u>Karl Vance Sanders</u> ADDRESS <u>1077 ml</u>				